



Internet Claim Filing Agreement  
Between Sponsoring Organizations and  
The Montana Child & Adult Care Food Program

User Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address [required]: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I certify to the best of my knowledge and belief all claims submitted through the web claim process are true and correct, records are available for support, are in accordance with an existing agreement, and payment has not been received previously.

I understand that this information is being given in receipt of federal funds and that deliberate misrepresentation of the information may subject me to prosecution under applicable state or federal laws.

I understand that I will be given a login ID that only I can use and that under no circumstances should it ever be used by anyone else. I understand that to allow another person to use my login ID violates all State of Montana network policies and rules and my access may be terminated. In the event that I end my employment with the program, the Montana Child and Adult Care Food Program will be notified so that my access can be terminated.

Employee Signature \_\_\_\_\_

Supervisor Signature (if different from above) \_\_\_\_\_

Date \_\_\_\_\_